



VOLUNTEER TIMESHEET



Volunteer Initiative Program

County of Santa Cruz

Name: _____ Volunteer Supervisor: _____

Month/Year: _____ Department: _____

| DATE | Hrs. on Site | Hrs. off site | DATE | Hrs. on Site | Hrs. off Site |
|------|--------------|---------------|--------|--------------|---------------|
| 1 | | | 17 | | |
| 2 | | | 18 | | |
| 3 | | | 19 | | |
| 4 | | | 20 | | |
| 5 | | | 21 | | |
| 6 | | | 22 | | |
| 7 | | | 23 | | |
| 8 | | | 24 | | |
| 9 | | | 25 | | |
| 10 | | | 26 | | |
| 11 | | | 27 | | |
| 12 | | | 28 | | |
| 13 | | | 29 | | |
| 14 | | | 30 | | |
| 15 | | | 31 | | |
| 16 | | | Totals | | |

X _____
Volunteer's Signature

X _____
Supervisor's Signature

Total Monthly # of Hours:

Tell us your thoughts: How are you enjoying your volunteer position? How could things be improved?
How is the level of supervision? How well does this fit with the volunteer work you were looking for?

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Questions? Please contact the VIP Coordinator at (831) 454-2987 or vip@co.santa-cruz.ca.us